

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B98000000362

1. Name of Limited Partnership

NHC-FL7 L.P.

2. Principal Office Address - No P.O. Box #

399 Park Avenue

Suite, Apt. #, etc.

8th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

3310 US HWY 301 N

Suite, Apt. #, etc.

City & State

Ellenton, FL

Zip

34222

Country

USA

8. Name and Address of Current Registered Agent

Name

Newby Management

Street Address (P.O. Box Number is Not Acceptable)

3310 US HWY 301 N

Suite, Apt. #, Etc.

City
Ellenton

State
FL

Zip Code
34222

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Timothy Newby
(REGISTERED AGENT MUST SIGN)

DATE

6/11/09

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

PAMI-FL7 INC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**399 Park Avenue, 8th
Floor**

City, State and Zip Code

New York, NY 10022

10a. Registration
Document Number

400155527934
05/06/09--01016--020 **150.00

400155527934
06/23/09--01019--021 **1350.00

REINSTATEMENT

07-09
AZ

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Timothy Newby AS AGENT

DATE

6/11/09

Typed or Printed Name of General Partner Signing Form

Timothy Newby

Telephone Number

941-721-0046

FILED

2009 JUN 22 PM 1:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E039 (1/07)